

Revision: HCFA-PM-95-4
JUNE 1995

(HSQB)

ATTACHMENT 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and notice requirements and demonstrate that the alternative remedy is as effective in deterring noncompliance. Notice requirements are as specified in the regulations.)

TN No. 95-08
Supersedes
TN No. N/A

Approval Date DEC 11 1995

Effective Date 7/1/95